

Aim: To evaluate our experience using bio-prostheses in extended thoracic surgery in contaminated/infected environments

Methods: A review was performed of the 81 patients who underwent extended surgical procedures requiring thoracic soft tissue reconstruction with bioprosthetic materials from August 2009 to October 2012. Operations involved Lung Sparing Pleurectomy for Mesothelioma (n=54), extended operations for thoracic malignancies (n=16), surgery for trauma, perforated organs or complications (n=9), and for other benign causes (n=2)

Results: A total of 137 patches were used (median of 2, range 1 to 3). Median hospital stay was 11 (range 4–149) days. There were 3 post-operative deaths (3.7%) and 6 patients (7.4%) required reoperation (one haemothorax, one tension pneumothorax, two for patch dehiscence and two for empyema that did not require removal of the patch).

Outcomes were compared between the 63 patients undergoing elective surgery without pleural space contamination and the 18 cases in which surgery was performed non-electively in the presence of empyema/contaminated space. There were no differences in mortality, hospital stay or complications

Conclusion: Bioprosthetic patches for soft tissue reconstruction in thoracic surgery are safe and effective even in contaminated/infected environments. The fear to use patches in infected environments is no longer justified.

0142: THE QUALITY OF ONLINE INFORMATION ABOUT LOBECTOMY

Stefan Klimach^{1,2}, David McGowan^{1,2}, ¹Brighton and Sussex Medical School, East Sussex, UK; ²Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire, UK.

Aim: To assess the quality of online information for lay people regarding lobectomy and identify the best and worst resources people can consult prior to consenting and undergoing the procedure.

Methods: The top 3 search engines (Google, Bing and Yahoo) were searched for "lobectomy". The top 50 results were selected, duplicate websites, pay-per-view sites, scientific papers, and multimedia (video/powerpoint/audio) sites were removed prior to analysis. Remaining websites were assessed using Gunning-Fog Index (GFI), Flesch Reading Ease Score (FRES) and LIDA tool to assess accessibility, usability and reliability.

Results: Of the 150 websites, 103 were excluded, 83 due to repetition, 18 due to irrelevance, 2 due to multimedia. The mean GFI was 14.52 (± 3.13); the mean FRES was 46.22 (± 16.18) (%); and the mean LIDA tool score was 22.94 (± 3.49) (71.69%). The results show that the websites were, on average, more difficult to read than the two newspapers The Sun (GFI = 8.8, FRES = 70.8) and The Financial Times (GFI = 12.51, FRES = 54.29).

Conclusion: Results were accessible, useable and reliable, as shown by the LIDA tool. The information required a high level of education and reading competence, as shown by the GFIs and the FRES.

0247: CURRENT PRACTICE OF BLOOD TRANSFUSION IN ADULT CARDIAC SURGERY

Maziar Khorsandi, Kasra Shaikhrezai, Christos Skouras, Renzo Pessotto. Royal Infirmary of Edinburgh, Edinburgh, UK.

Blood product transfusion (BPT) is widely used in cardiac surgery. Despite extensive research controversy still exists regarding the benefits of BPT. Furthermore, no definitive national guidelines or protocols for BPT in cardiac surgery are available in the UK. According to a recent U.K. based study, cardiac surgery patients consume up to 15% of the total pool of red blood cells (RBC) and a substantial proportion of other blood products in the UK. We collected data relating to BPT for all patients undergoing cardiac surgery between May and July 2011 from the Royal Infirmary of Edinburgh (RIE) cardiac surgery database and the blood transfusion service.

Between May and July 2011, 221 patients had undergone cardiac surgery. Data analysis showed that 11.2% of the RBC pool at the RIE is consumed in cardiac surgery during the perioperative period. Our fresh frozen plasma (FFP), platelet and cryoprecipitate consumption rates were 8%, 29% and 6% respectively of the total RIE pool.

Cardiac surgeons should be aware of risks of BPT and avoid its liberal use. We recommend regular BPT audits on every cardiac surgery unit on a national scale. The need for a unified national guideline for cardiac surgery blood product transfusion is highlighted.

0305: ENDOVASCULAR STENT-GRAFTING FOR THORACIC AORTIC ANEURYSM: EXPERIENCES OF ONE CENTRE WITH REGARDS TO OUTCOMES AND CONSENTING

John Massey, Viv Barnett, Peter Riley, Ian McCafferty, Aaron Ranasinghe, Jorge Mascaro. Queen Elizabeth Hospital, Birmingham, UK.

Aim: Thoracic endovascular stent-grafting (TEVAR) is a minimally invasive technique for management of thoracic aortic disease. NICE have published guidelines (IPG 127) that concluded that TEVAR is a safe option for treatment of patients. This study aims to compare institutional outcomes to those published by NICE with the aim to create guidelines on consenting for these procedures.

Methods: Retrospective analysis of a prospectively maintained database of patients undergoing TEVAR for aneurysmal disease of the thoracic aorta between 05/02 and 05/11.

Results: Twenty-one elective (15 male (71%)) procedures, eleven TEVAR, five open procedure plus TEVAR and five TEVAR +/- open procedures. Median age 66 (range 47 to 81) years. Six (29%) endoleaks, one type A dissection. Aneurysm size increased in five patients, decreased in three. No conversions to open surgery. One stroke with residual neurological defect. One to twenty-four nights spent on ITU and ventilated for a median of eight hours. No in-hospital deaths. One-year mortality 10%. No patients consented in accordance with NICE guidelines.

Conclusion: Our center offers favorable outcomes with regards to stroke and mortality. However attention needs to be paid to consenting patients. With the outcomes of this project we can look to publish guidelines on TEVAR consenting.

0362: AUDIT OF HEART FAILURE MANAGEMENT IN CARDIAC SURGICAL PATIENTS

Kok-Hooi Yap, Subir Datta, Espeed Khosbhin, Ragheb Hasan. Central Manchester University Hospitals, Manchester, UK.

Aim: To assess the performance of heart failure management in a cardiac surgical unit compared to NICE Guideline.

Method: A retrospective audit was performed using medical notes of 24 patients with poor left ventricular systolic dysfunction (LVSD) who had open heart surgery in a UK cardiac surgical unit from June 2010 to April 2012. Standards examined were all patients should be on beta-blockers and angiotensin-converting-enzyme inhibitor (ACE-I) upon discharge, all patients should be referred to heart failure team (HFT) and all patients' diagnosis and management plan should be documented on discharge letter. Changes implemented after the initial audit were presentation for staff education and collaboration with HFT to enhance the referral rate. Subsequent second audit was performed prospectively on 20 patients with moderate to severe LVSD.

Results: The initial audit showed 33% of patients were on beta-blockers, 33% of patients were on ACE-I, 4% of patients were referred to the HFT and 41% of discharge letters had clear documentation. The second audit showed improvements with 85%, 75%, 50% and 45% respectively.

Conclusions: The continuity of optimal medical therapy after open heart surgery is important to improve patient outcome. A departmental guideline and multidisciplinary approach are helpful to facilitate this.

0372: THE QUALITY OF ONLINE INFORMATION ABOUT TRICUSPID VALVE REPLACEMENT

Kashif Qamar¹, David McGowan², ¹Brighton and Sussex Medical School, Brighton, UK; ²Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire, UK.

Aim: To assess the quality of information available online for lay people regarding tricuspid valve replacement and identify the best and worst resources that people can use to educate themselves on lobectomies prior to consenting and undergoing the procedure.

Method: The top 3 search engines (Google, Bing and Yahoo) were searched for the term "tricuspid valve replacement". The top 50 results of each search were selected and refined, under predefined criteria, prior to analysis. Remaining websites were assessed using the Gunning-Fog Index (GFI), the Flesch Reading Ease Score (FRES), and LIDA tool for assessing accessibility, usability and reliability.

Results: Of the 150 websites, 129 were excluded. The mean GFI was 16.07(± 3.51); the mean FRES was 35.32(± 15.37); and the mean LIDA tool scores were accessibility 79.37%(± 10.72), usability 65.08%(± 23.95), and

reliability 28.89% (± 29.24), total 42.86% (± 10.72). The results show that the websites were, on average, more difficult to read than the two newspapers The Sun (GFI=8.8, FRES=70.8) and The Financial Times (GFI=12.51, FRES=54.29).

Conclusion: The results were accessible, useable and reliable. Internet information on tricuspid valve replacement required a relatively high level of education and reading competence to understand.

The best three websites for educating patients about tricuspid valve replacement are:

<http://www.nlm.nih.gov/medlineplus/ency/article/002954.htm>

<http://www.heartattackgo.net/tricuspid-valve-repair-replacement-and-surgery/>

http://www.hopkinsmedicine.org/heart_vascular_institute/conditions_treatments/treatments/valve_tricuspid.html

0379: AUDITING SECONDARY PREVENTION PRESCRIBING FOLLOWING CORONARY ARTERY BYPASS GRAFTING (CABG)

Mahwish Arshad¹, Kapil Sugand². ¹St. George's University of London, London, UK; ²St. George's Hospital, London, UK.

Aim: This audit aims to monitor adherence to guidelines regarding prescribing of secondary prevention drug therapy for coronary artery bypass grafting surgery (CABG) patients at St. George's Hospital.

Method: The 2011 ACCF/AHA guidelines on CABG recommend that all post-operative CABG patients are given Aspirin, Statins, Beta-blockers and ACE-inhibitors/Angiotensin-receptor blockers (ARBs) upon discharge. An audit was carried out at St. George's Hospital during September 2012. Discharge summaries of 100 CABG patients, between June and August 2012, were viewed to identify prescribed guideline-recommended medication and reasons for any omission.

Results: Only 35% of patients were prescribed all four recommended drugs, whereas the remaining were prescribed three or less. 73% of females and 59% of males were not prescribed the full drug therapy. The prescribing rate of Antiplatelets, Statins, Beta-blockers and ACE-inhibitors/ARBs were 87%, 90%, 86% and 52% respectively. 33% of patients who were not prescribed ACE-inhibitors had documented instructions to their GP to re-introduce the drug. However, reasons for omission were documented for only 25% of these patients.

Conclusion: There is considerable room for improvement in the prescribing of ACE-inhibitors/ARBs as well as the documenting of reasons behind omission. A recommended minimum blood pressure may be necessary in withholding ACE-inhibitors/ARBs.

0384: THE QUALITY OF ONLINE INFORMATION ABOUT BULLECTOMY

Alexandra Mees¹, David McGowan². ¹Brighton and Sussex Medical School, Brighton, UK; ²Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire, UK.

Objective: To assess the quality of information available online for lay people regarding bullectomy and identify the best and worst resources available to educate people on lobectomies prior to consenting and undergoing the procedure.

Methods: The top 3 search engines (Google, Bing and Yahoo) were searched for the term "bullectomy". The top 50 results of each search were selected and refined using predetermined criteria prior to analysis. Remaining websites were assessed using the Gunning-Fog Index (GFI), the Flesch Reading Ease Score (FRES), and LIDA tool for assessing accessibility, usability and reliability.

Results: Of the 150 websites, 124 were excluded. The mean GFI was 13.6 (± 2.39); the mean FRES was 47.4 (± 12.5); the mean LIDA tool score for accessibility was 78.63% (± 17.84), for usability was 64.42 (± 21.29), for reliability was 37.69 (± 20.82) with the mean score for the LIDA tool being 42.5% (± 9.64). The results show that the websites were, on average, more difficult to read than the two newspapers The Sun (GFI=8.8, FRES=70.8) and The Financial Times (GFI=12.51, FRES=54.29).

Conclusion: The results were accessible, useable and reliable; however a relatively high level of education and reading competency was required to understand the information.

The best three websites for educating patients are: <http://www.webmd.com/lung/copd/tc/bullectomy-for-copd-topic-overview>, http://www.seton.net/health_a_to_z/health_library/health_topics/copd/bullectomy_for_copd/; <http://copd.about.com/od/copdglossaryae/g/bullectomydefinition.htm>

0386: THE QUALITY OF ONLINE INFORMATION ABOUT CORONARY ARTERY BYPASS GRAFTS

Jonathan French¹, David McGowan². ¹Brighton and Sussex Medical School, Brighton, UK; ²Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire, UK.

Objective: To assess the quality of information available online for lay people regarding coronary artery bypass grafts and identify the best and worst resources available.

Methods: Google, Bing and Yahoo were searched for the term "coronary artery bypass graft". The top 50 results of each search were selected, with duplicate and inaccessible websites removed prior to analysis. Remaining websites were assessed using the Gunning-Fog Index, the Flesch Reading Ease Score, and LIDA tool for assessing accessibility, usability and reliability.

Results: Of the 150 websites, 59 were analysed. The mean GFI was 15.17 (± 2.94); the mean FRES was 46.78 (± 13.69) (%); and the total mean LIDA tool score was 73.21% (± 14.21). The results show that the websites were, on average, more difficult to read than the two newspapers The Sun (GFI = 8.8, FRES = 70.8) and The Financial Times (GFI = 12.51, FRES = 54.29).

Conclusion: The results were accessible, useable and reliable, as shown by the LIDA tool. The information required a relatively high level of education and reading competence to understand, as shown by the Gunning-Fog Index and the Flesch Readability Score.

The best website for patients to visit to learn about CABGs is: <http://www.drugs.com/cg/coronary-artery-bypass-graft-inpatient-care.html>

0457: ASPIRIN ADMINISTRATION POST CORONARY ARTERY BYPASS SURGERY (RE-AUDIT)

Andrew S. Harris. University Hospital of Wales, Cardiff, UK.

Aim: The ACCF/AHA 'Guideline for Coronary Artery Bypass Graft Surgery' (2011) states that aspirin should be initiated within six hours post-operatively; if this is done it has a positive impact on vein graft patency (Grade A evidence). This audit aims to evaluate adherence to this guideline at the University Hospital of Wales.

Method: In this prospective audit data was collected on all patients who had undergone coronary artery bypass surgery using vein grafts in University Hospital of Wales over a 6 weeks period in 2012.

Results: 43 patients were audited. Seven (16%) received Aspirin within 6 hours.

Only 47% (n=20) had aspirin prescribed to be given within 6 hours. Of these, thirteen did not receive it within six hours and no reason was documented.

Conclusion: Compliance with this well evidenced guideline is low. Despite the improvement in evidence and the suggestions of the first audit, aspirin administration is worse than in 2008. The reasons for this are multifactorial but timely and correct prescription would make the biggest impact. Ultimately, we feel it is necessary to raise the awareness and understanding across the whole team involved in the postoperative care of these patients to ensure this important medication is administered.

0485: THE QUALITY OF ONLINE INFORMATION ABOUT MITRAL VALVE REPLACEMENT

Alexandra Hayes, David McGowan. Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire, UK.

Objective: To assess the quality of information available online for lay people regarding mitral valve replacement and identify the best resources people can use for self-education.

Methods: Search engines Google, Yahoo and Bing were searched for 'mitral valve replacement'. The top 50 results from each were selected and duplicates, pay-per-view, multimedia websites and subscription-required scientific papers were excluded. Remaining websites were assessed using the Gunning-Fog Index (GFI), Flesch Reading Ease Score (FRES) and LIDA tool for accessibility, usability and readability.

Results: Of the 150 websites, 90 were excluded: 63 were repeated, 8 were irrelevant, 7 were multimedia and 12 inaccurate. The mean GFI was 14.64 (± 3.77); the mean FRES was 43.39 (± 18.04); mean LIDA tool scores were 82.33% (± 9.61) accessibility, 94.21% (± 7.62) usability, 56.16% (± 25.49) reliability and 44.46% (± 5.19) in total. These results show the websites were, on average, more difficult to read than newspapers The Sun (GFI=8.8, FRES=70.8) and The Financial Times (GFI=12.51, FRES=54.29).